

FILED OCT 11 1949  
Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 4157

## 1. PLACE OF DEATH:

(a) County... Jackson  
 (b) City or town... Kansas City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution... General Hospital No. 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution... 7 days  
 (Specify whether years, months or days) 37 yrs

## 3. (a) PRINT FULL NAME

Hayden Matheney

## 3. (b) If veteran,

name war... no

## 3. (c) Social Security No.

489-14-2111

4. Sex... M 5. Color or race... W  
 6. (a) Single, widowed, married, divorced... divorced  
 6. (b) Name of husband or wife... Haldee  
 6. (c) Age of husband or wife if alive... years 1884  
 7. Birth date of deceased... April 21 1884  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 5 8 hr. min.

9. Birthplace... Daniphan Kansas  
 (City, town, or county) (State or foreign country)

10. Usual occupation... Stamfitter

11. Industry or business...

12. Name... Wm R Matheney13. Birthplace... Daniphan Kansas  
(City, town, or county) (State or foreign country)14. Maiden name... Margaret M. Intack15. Birthplace... St. Joseph Missouri  
(City, town, or county) (State or foreign country)16. (a) Informant... Wm R Matheney(b) Address... Huntsville Alabama17. (a) Removal... Removal  
(Burial, cremation, or removal)(b) Date thereof... 10/2/47  
(Month) (Day) (Year)(c) Place: burial or cremation... St Hope Kansas etc, Mo.18. (a) Signature of funeral director... Eadb Rice(b) Address... 1416 Niwawa Ave.19. (a) 10-2-47  
(Date received local registrar)(b) Staldine Holmes  
(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Jackson  
 (c) City or town... Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No... 613 1/2 Main  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country...

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29  
 year... 1947 hour... 8 minute... A M.

21. I hereby certify that I attended the deceased from Sept. 22, 1947 to Sept. 29, 1947  
 that I last saw him alive on Sept. 29, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death... Chronic glomerulonephritis

Due to...  
 Due to...

Other conditions... (Include pregnancy within 3 months of death)

Major findings: 1318  
 Of operations...

Of autopsy... See above

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature... Wm R Matheney (M. D. or other) MDAddress... Med. Dir. Gen'l Hosp. Date signed... 9-30-47

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

*Dr. Warner*

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
..... Registered Apprentice No.....  
working under my personal supervision.

Signed *O. H. Beckwith*

Licensed Embalmer No. *3937*

P. O. Address *Kans City Kans.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.